									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003									10/160443				
CLAIMS AS FILED - PART I (Calumn 1) (Column 2)								SMALL I	ENTITY	OF	OTHER SMALL		
TOTAL GLAIMS			186					RATE	FEE	]	RATE	FEE	
FOR			NUMBER FILED		MUMBER EXTRA			BASIC FE	₹ 385.00	OR	Basic Fee	770.00	
TOTAL CHARGEABLE CLAIMS			/8 Ominus 20=		- 166			XS 9=		OR	X\$18=	2988	
INDEPENDENT CLAIMS			9 minus 3 a		6			X43•		OR	X86×	576	
ML	JLTIPLE DEPEN	ODENT CLAIM P	RESENT					v 145=	1	OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	<del> </del>	OR	TOTAL	4274	
OCCLAIMS AS AMENDED - PART II										1	OTHER		
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 34	Minus	- 18	10	.0		X5 9=		ОЯ	XS18=		
	Independent	. 1	Minus	۶	?	.0		X43=		ОЯ	X88=		
		NTATION OF M							<del>                                     </del>		. 222	-	
417, 35,55, 77,113,133,158,172,								+145=	<b> </b>	OR	+290=		
								NOOIT. FEE		OR	ADDIT. FEE	0	
		(Column 1)		(Calun		(Column 3)	) · r		Lagge	:		1000	
AMENDMENT 0	1/2/01	REMAINING AFTER AMENDMENT	eo	PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		PATE	ADDI TIONAL FEE	
	Total	. 34	Minus	- /8	4	.47		XS 9=		OR	X\$18	·	
	Incependent	• '/	Minus	(	2	a		X43=		OR	X85=		
لــا	PRESE	NTATION OF ML	ILIPLE DE	PERUENT	MINO		l d	+1450		OR	290=		
,	•							TOTAL		OR	TOTAK		
/	-30-07	(Column 1)		(Colum	ın 21	(Cotumn 3)	•	OOIT. FEE			-www.ress		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHL NUMB PREVIO PAID F	EST IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATĘ	ADDI- TIONAL FEE	
	Total	. 35	Minus	••				X\$ 9-		OR	X\$18=		
	Independent	· 2	Minus	<b></b> .		• •	ŀ	X43-			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							·		OR			
* If the entry in column 1 is less than the entry in column 2, write *0" in column 3.								+145=		OR	+290=		
If the Highest Number Previously Paid For' IN THUS SPACE is less than 30, enter "20."  ADDIT. FEE  OR ADDIT. FEE  OR ADDIT. FEE													
		ber Previously Paid					tour	ed in the ap	propriete box	in cot	umn 1.		

FORM PTO-875 (Rev 1903) -